Madison, WI 53701-2969

Division of Disability and Elder Services

3/10/04

OUTPATIENT REHABILITATION FACILITIES

Bureau of Quality Assurance
P.O. Box 2969

Alphabetical by Agency Name

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Certification Number	Provider Name and Address		<u>A</u> dministra	tor and Phone	County and Region
52 -6589	AVENUES OF EXPRESSION		NECIA WAI	Ozaukee	
Certified for	11501 N PORT WASH RD STE G30		(262) 241-1	111	SOUTHEASTER
Medicaid	MEQUON, WI 530923415		FAX: (262) 241-7	779	
Ownership Ty	pe: PROPRIETARY CORPORATION				
Services Avai	lable: Occupational Therapy	Physical Therapy	Sp	eech Pathology	
52 -6512	CEDAR HAVEN REHABILITATION AG	ENCY	LORI DOMI	NICZAK	Washington
Certified for	5595 HIGHWAY Z		(262) 306-2	150	SOUTHEASTER
Medicaid	WEST BEND, WI 53095		FAX:		
Ownership Ty	rpe: VOLUNTARY NONPROFIT CORP				
Services Avai	lable: Occupational Therapy	Physical Therapy	Sp	eech Pathology	
52- 6549	CEREBRAL PALSY INC		THEODOR	E PHERNETTON	Brown
	2801 S WEBSTER		(920) 337-1	122	NORTHEASTER
Medicaid	GREEN BAY, WI 54301		FAX:		
	rpe: VOLUNTARY NONPROFIT CORP	.	_		
Services Avai	lable: Occupational Therapy	Physical Therapy	Sp	eech Pathology	
52- 6505	CURATIVE CARE NETWORK INC		ROBERT C	OONS JR	Milwaukee
Certified for	1000 N 92ND STREET		(414) 259-1	414	SOUTHEASTER
Medicaid	MILWAUKEE, WI 53226		FAX: (414) 259-0	453	
	rpe: VOLUNTARY NONPROFIT CORP				
	lable: Occupational Therapy	Physical Therapy		peech Pathology	
Branch:	CUDAHY CENTER		PHONE:	FAX:	
	5071 SOUTH LAKE DRIVE				
	CUDAHY WI 53110				
Branch:	CURATIVE - MENTAL HEALTH		PHONE:	FAX:	
	9455 WATERTOWN PLANK ROAD				
=	MILWAUKEE WI 53226		= = =	=	
Branch:	CURATIVE - ISAAC COGGS HEALTH C	ENIER	PHONE:	FAX:	
	2770 N 5TH STREET				
- Dranak:	MILWAUKEE WI 53212 CURATIVE - JOHNSTON HEALTH CEN		PHONE:	 -	
Branch:		IEK	PHUNE:	FAX:	
	1230 W GRANT STREET MILWAUKEE WI 53215				
Branch	CURATIVE - WEST ALLIS		PHONE:		
DIAIICII:	1647 SOUTH 101ST STREET		FRONE.	raa.	
	MILWAUKEE WI 53214				
Branch	CENTRAL CITY CENTER		PHONE:		
בומווכוו.	2607 W FOND DU LAC AVENUE		I HOIL.	ran.	
	MILWAUKEE WI 53206				
Branch:	CURATIVE - WAUKESHA		PHONE:		
Diancii.	149 WISCONSIN AVENUE		. HORE.	1 7/4.	
	WAUKESHA WI 53186				
	*** **** WI 00 100				

Division of Disability and Elder Services

Services Available: Occupational Therapy

OUTPATIENT REHABILITATION FACILITIES

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	All providers certified for Medical	re - those also ce	rtified for	Medicaid are indic	cated at left	
Certification Number	Please note: Branc Provider Name and Address	ride all services listed Administrator and Phone			County and Regior	
52 -6550	DEAN REHABILITATION		GARY HAGLUND			Dane
Certified for	r 1313 FISH HATCHERY ROAD		(60	8) 245-2803		SOUTHERN
Medicaid	MADISON, WI 53715		FAX:			
Ownership Ty	ype: PROPRIETARY CORPORATION					
Services Avai	ilable: Occupational Therapy F	Physical Therapy		Speech Pati	hology	
Branch:	DEAN THERAPY SERVICES		PHONE:	(608) 756-2266	FAX:	
	2540 HUMES ROAD					
	JANESVILLE WI 53545					
Branch:	RIVERVIEW CLINIC		PHONE:		FAX:	
	580 N WASHINGTON STREET					
	JANESVILLE WI 53545					
Branch:	DEAN WEST CLINIC		PHONE:		FAX:	
	752 N HIGH POINT ROAD					
	MADISON WI 53717					
Branch:	DEAN THERAPY CENTER		PHONE:		FAX:	
	1806 W BELTLINE HIGHWAY					
	MADISON WI_53713					
Branch:	ST MARYS HOSPITAL		PHONE:		FAX:	
	707 S MILLS STREET					
	MADISON WI_53715					
Branch:	STOUGHTON CLINIC		PHONE:		FAX:	
	225 CHURCH STREET					
	STOUGHTON WI 53589					
Branch:	SUN PRAIRIE CLINIC		PHONE:		FAX:	
	10 TOWER DRIVE					
	SUN PRAIRIE WI 53590					
52- 6526	DOOR COUNTY MEMORIAL HOSPITAL F	REHAB SERVICES	S GE	RALD WORRICK		Door
Certified for	r 1300 EGG HARBOR ROAD #108		(92	20) 746-0410		NORTHEASTERN
Medicaid	STURGEON BAY, WI 54235		FAX:			
Ownership Ty	ype: VOLUNTARY NONPROFIT CORP					
Services Avai	ilable: Occupational Therapy F	Physical Therapy		Speech Pati	hology	
Branch:	ALGOMA MEDICAL CENTER		PHONE:		FAX:	
	1510 FREMONT STREET					
	ALGOMA WI_54201					
Branch:	DOOR COUNTY MEMORIAL HOSPITAL		PHONE:		FAX:	
	323 S 18TH AVENUE					
	STURGEON BAY WI 54235					
52- 6594	GL HEALTHCARE SERVICES LTD		ILE	NE LARSON		Green
	600 2ND AVENUE		(60	8) 527-4390		SOUTHERN
	NEW GLARUS, WI 53574		FAX:			
Ownership Ty	ype: PROPRIETARY CORPORATION					
Services Avai	ilable: Occupational Therapy F	Physical Therapy		Speech Pati	hology	
Branch:	NAZARETH HOUSE		PHONE:		FAX:	-
	814 JACKSON STREET					
	STOUGHTON WI 53589					
52- 6540	GOOD SHEPHERD REHABILITATION AG	ENCY	TH	OMAS LOHUIS		Outagamie
	958 FOOTE STREET			20) 833-7796		NORTHEASTERN
	SEYMOUR, WI 54165		FAX:	,		
Ownership Tv	ype: VOLUNTARY NONPROFIT CHURCH/0	CORP				
	•	Physical Therany		Speech Dat	hology	

Physical Therapy

Speech Pathology

STATE OF WISCONSIN

Division of Disability and Elder Services

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OUTPATIENT REHABILITATION FACILITIES

Alphabetical by Agency Name

Madison, WI 53701-2969

	All providers certified for Medicare -	those also certified for Medicaid are indicated at left
Certification	Please note: Branches	s may not provide all services listed
Number	Provider Name and Address	Administrator and Phone

Certification Number	Provider Name and Address	Administrator and Phone	County and Region		
52 -6506	GREENFIELD REHABILITATION AGENCY INC	CAROLE JARICH	Racine		
Certified for	1400 8TH AVENUE	(414) 327-6603	SOUTHEASTERN		
Medicaid	UNION GROVE, WI 53182	FAX:			
Ownership Ty	pe: PROPRIETARY CORPORATION				
	lable: Occupational Therapy Physical Thera	apy Speech Pathology			
	GOLDEN YEARS OF WALWORTH	PHONE: FAX:			
	270 RIDGE ROAD				
	WALWORTH WI 53184				
52- 6552	HEALTHREACH REHABILITATION SERVICES INC	DEAN SCHEELS	Waukesha		
	17280 W NORTH AVENUE STE 104	(262) 780-0707	SOUTHEASTERN		
Medicaid	BROOKFIELD, WI 53045	FAX:	SOUTILASTERN		
	pe: PROPRIETARY CORPORATION	raa.			
	•	Speech Dathology			
	lable: Occupational Therapy Physical Thera HEALTHREACH - CONGREGATIONAL HOME	apy Speech Pathology PHONE: FAX:			
Branch.		PHONE. PAX.			
	3150 LILLY ROAD BROOKFIELD WI 53005				
Branch	HEALTHREACH CLINTONVILLE CLINIC	PHONE: FAX:			
	7 SOUTH MAIN	PHONE: FAX:			
	CLINTONVILLE WI 54929 ST COLETTA, ALVERNO	PHONE: (920) 674-8448 FAX:			
	N4637 HIGHWAY Y	PHONE: (920) 074-0440 FAX:			
Branch	JEFFERSON WI 53549 HEALTHREACH LAKEWOOD CLINIC	PHONE: FAX:			
branch:		PHONE: PAX:			
	17181 TWIN PINES ROAD LAKEWOOD WI 54138				
	LAKEWOOD WI_54138 LUTHERAN HOME FOR THE AGING	PHONE: FAX:			
Brancii.	7500 W NORTH AVENUE	PHONE. PAX.			
	MILWAUKEE WI 53213				
	HEALTHREACH - LUTHERAN HOMES OF OCONOMOW	/OC. PHONE: FAX:			
Branch:	SHOREHAVEN	OC, PHONE: PAX:			
	1306 W WISCONSIN AVENUE				
	OCONOMOWOC WI 53066				
Branch:	BETHESDA LUTHERAN HOME	PHONE: FAX:			
	700 HOFFMANN DRIVE				
	WATERTOWN WI 53094				
	HEALTHREACH	PHONE: FAX:			
	209 W MAIN STREET				
	WAUKESHA WI 53186				
52- 6542	HEALTHSOUTH REHABILITATION CENTER OF MANI	TOWOC LISA PHILLIPS	Brown		
Certified for		(920) 683-9710	NORTHEASTERN		
Medicaid	MANITOWOC, WI 54220	FAX: (920) 683-9755	HORTHLAOTERN		
	rpe: LIMITED LIABILITY PARTNER(FOR-PROFIT)	. FA. (020) 000-0100			
	lable: Occupational Therapy Physical Thera	any			
Odi vices Avai	indic. Coodpational metapy i mysteal meta	^ ₽J			
52- 6581	HEALTHSOUTH SPORTS MEDICINE & REHABILITATI	ION BRANDI MEYER	Winnebago		
Certified for		(920) 235-8145	NORTHEASTERN		
Medicaid		(920) 235-6145 FAX: (920) 235-8327	NONTHEASTERN		
	OSHKOSH, WI 54902	FAA. (320) 233-0321			

Ownership Type: PROPRIETARY CORPORATION

Services Available: Physical Therapy

Division of Disability and Elder Services

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Number

OUTPATIENT REHABILITATION FACILITIES

Administrator and Phone

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Madison, WI 53701-2969

County and Region

SOUTHEASTERN

SOUTHEASTERN

All providers certified for Medicare - those also certified for Medicaid are indicated at left

Certification Please note: Branches may not provide all services listed

52-6537 HEALTHSOUTH SPORTS MEDICINE & REHABILITATION KAREN CHRISTEN Wood

CENTER

Certified for 212 E UPHAM STREET (715) 387-4818 NORTHERN

Medicaid MARSHFIELD, WI 54449 FAX:

Ownership Type: PROPRIETARY CORPORATION

Provider Name and Address

Services Available: Physical Therapy

Branch: HEALTHSOUTH SPORTS MED & REHAB CTR PHONE: FAX:

702 E WILLOW DRIVE

SPENCER WI 54479

52-6582 **KELLY LYNCH PHYSICAL THERAPY** KELLY LYNCH Jefferson

600 EAST MAIN STREET SUITE 200 (920) 206-1000

WATERTOWN, WI 53094 FAX: (920) 206-1010

Ownership Type: PROPRIETARY PARTNERSHIP

Services Available: Physical Therapy

52-6570 MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY SHAWN THIELE Grant

1240 BIG JACK RD (608) 348-2844

PLATTEVILLE, WI 53818 FAX:

Ownership Type: PROPRIETARY CORPORATION

Services Available: Physical Therapy

52-6522 **MEDICAL SUPPORT SERVICES** MARY ANN MAIERS Racine

Certified for 1100 COMMERCE DRIVE SUITE 114 (262) 886-3431 SOUTHEASTERN

Medicaid RACINE, WI 53406 FAX:

Ownership Type: PROPRIETARY CORPORATION

Services Available: Occupational Therapy Physical Therapy Speech Pathology

52-6567 MERRILL PHYSICAL THERAPY ANTHONY GERLACH Lincoln

500 SOUTH CENTER AVENUE (715) 539-2740 NORTHERN

MERRILL, WI 54452 FAX: (715) 536-1814

Ownership Type: PROPRIETARY PARTNERSHIP

Services Available: Physical Therapy

52-6519 MIDWEST REHABILITATION SPECIALISTS INC SHERRY DEISS Pierce

Certified for 372 W SPRUCE STREET P O BOX 299 (715) 273-6685 WESTERN

Medicaid ELLSWORTH, WI 54011 FAX:

Ownership Type: PROPRIETARY CORPORATION

Services Available: Speech Pathology

52-6525 MILWAUKEE CENTER FOR INDEPENDENCE MELINDA VERNON Milwaukee

Certified for 1339 N MILWAUKEE STREET (414) 272-9242 SOUTHEASTERN

Medicaid MILWAUKEE, WI 53202 **FAX**: (414) 431-1810

Ownership Type: VOLUNTARY NONPROFIT CORP

Services Available: Occupational Therapy Physical Therapy Speech Pathology

Branch: SOUTHEAST CAMPUS PHONE: (414) 481-6336 FAX:

3333 S HOWELL AVENUE

MILWAUKEE WI 53207

Branch: WESTSIDE SENIOR DAY CENTER PHONE: (414) 272-1344 FAX:

5920 W CENTER STREET

MILWAUKEE WI 53210

STATE OF WISCONSIN

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Services Available: Occupational Therapy

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All providers certified for Medicare - those also certified for Medicaid are indicated at left

Certification						
Number	Provider Name and Address			Adminis	strator and Phone	County and Region
52- 6545	MISSISSIPPI VALL	EY PHYSICAL REI	HABILITATION SC	DAVID	SEITZ	LaCrosse
Certified for	713 NORTH LEONA	ARD STREET		(608) 78	7-6386	WESTERN
Medicaid	WEST SALEM, WI	54669		FAX: (608) 78	8-4543	
Ownership Ty	ype: PROPRIETARY	CORPORATION				
Services Avai	ilable: Occupational	Therapy	Physical Therapy		Speech Pathology	
Branch:	MARINUKA MANOR			PHONE:	FAX:	
	19475 SILVER CREE	K ROAD				
	GALESVILLE	WI 54630				
Branch:	BETHANY-RIVERSID	DE		PHONE:	FAX:	
	2575 SOUTH 7TH ST	REET				
	LA CROSSE	WI 54601				
52- 6531	MJ CARE INC			JEROM	E STYBERG	Milwaukee
Certified for	11035 W FOREST	HOME AVENUE		(414) 52	9-4141	SOUTHEASTERN
Medicaid	HALES CORNERS,	WI 53130		FAX:		
Ownership Ty	ype: PROPRIETARY	CORPORATION				

Physical Therapy

Speech Pathology

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	All providers certified for Medica			uicaled at left	
Certification	Provider Name and Address	cnes may not prov	ride all services listed Administrator and	l Dhono	County and Bosics
Number					County and Region
52 -6534	MJ CARE INC		MARY GENNERM	AN	Milwaukee
Certified for Medicaid	3601 S CHICAGO AVENUE		(414) 329-2500		SOUTHEASTERN
	SOUTH MILWAUKEE, WI 53172		FAX: (414) 329-2501		
	/pe: PROPRIETARY CORPORATION	D	0		
	lable: Occupational Therapy	Physical Therapy		Pathology	
Branch:	PREMIER REHAB AND SKILLED NURSIN	G	PHONE:	FAX:	
	2121 PIONEER DRIVE				
	BELOIT WI 53511			_ =	
Branch:	DALLAS HEALTH CARE CENTER		PHONE:	FAX:	
	104 EAST DALLAS				
	DALLAS WI 54733				
Branch:	KIWANIS MANOR	D 0 D0V 000	PHONE:	FAX:	
	3271 NORTH STREET	P O BOX 292			
	EAST TROY WI 53120		= = =	_ =.= -	
Branch:	FOND DU LAC HEALTH CARE CENTER		PHONE:	FAX:	
	459 EAST 1ST STREET				
	FOND DU LAC WI 54935				
Branch:	ZASTROW CARE CENTER		PHONE:	FAX:	
	600 WEST HICKORY STREET				
=	GILMAN WI 54433		===	_ =.=	
Branch:	BROOKSIDE CARE CENTER		PHONE:	FAX:	
	3506 WASHINGTON ROAD				
	KENOSHA WI 53144				
Branch:	WISCONSIN VETERANS HOME		PHONE:	FAX:	
	N 2665 COUNTY HIGHWAY QQ				
	KING WI 54946				
Branch:	ST JOSEPH'S REHABILITATION CENTER	2	PHONE:	FAX:	
	2902 EAST AVENUE SOUTH				
	LA CROSSE WI 54601				
Branch:	MILWAUKEE CATHOLIC HOME		PHONE:	FAX:	
	2330 NORTH PROSPECT AVENUE				
	MILWAUKEE WI 53211				
Branch:	EISENHOWER CENTER		PHONE:	FAX:	
	4425 W WOOLWORTH AVENUE				
	MILWAUKEE WI_53218				
Branch:	NEW GLARUS HOME		PHONE:	FAX:	
	600 2ND AVENUE				
	NEW GLARUS WI 53574				
Branch:	SCHMITT WOODLAND HILLS		PHONE:	FAX:	
	1400 W SEMINARY STREET				
	RICHLAND CENTER WI 53581		TZ.,= 74.5, 5.=7 5		T. T. = . T. =
Branch:	PINE HAVEN CHRISTIAN HOME		PHONE : (920) 467-2401	FAX : (92	20) 467-1569
	531 GIDDING AVENUE				
	SHEBOYGAN FALLS WI 53085		==.=		
Branch:	NAZARETH HOUSE		PHONE:	FAX:	
	814 JACKSON STREET				
	STOUGHTON WI 53589				
Branch:	SHEPHERDS HOME		PHONE:	FAX:	
	1850 15TH AVENUE				
	UNION GROVE WI 53182				
Branch:	VERNON MANOR		PHONE:	FAX:	
	E7404A COUNTY HIGHWAY BB				
	VIROQUA WI 54665				

Madison, WI 53701-2969

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All providers certified for Medicare - those also certified for Medicaid are indicated at left

Please note: Branches may not provide all services listed Certification

Provider Name and Address Administrator and Phone County and Region Number PHONE: FAX:

Branch: LAKEVIEW HEALTH CENTER 902 E GARLAND STREET

WEST SALEM WI 54669

Branch: PARK VIEW HEALTH CENTER PHONE: FAX:

725 BUTLER AVENUE P O BOX 10

WINNEBAGO WI 54985

52-6516 N E W CURATIVE REHABILITATION INC JOHN BLOOR Brown

2900 CURRY LANE P O BOX 8027 **NORTHEASTERN** Certified for (920) 468-1161

Medicaid GREEN BAY, WI 54308 FAX:

Ownership Type: VOLUNTARY NONPROFIT CORP

Services Available: Occupational Therapy Physical Therapy Speech Pathology

52-6569 NEW BERLIN THERAPIES SC SUSAN KINOSIAN Waukesha

Certified for 2895 SOUTH MOORLAND ROAD (262) 782-9015 SOUTHEASTERN

Medicaid NEW BERLIN, WI 53151 FAX: (262) 782-9013

Ownership Type: PROPRIETARY CORPORATION

Services Available: Occupational Therapy Physical Therapy Speech Pathology

BURKE SMITH 52-6556 NOVACARE OUTPATIENT REHABILITATION Milwaukee

SOUTHEASTERN Certified for 1101 NORTH MARKET STREET (414) 223-1191

Medicaid MILWAUKEE, WI 53202 FAX: (414) 456-0695

Ownership Type: PROPRIETARY CORPORATION

Services Available: Occupational Therapy Physical Therapy Speech Pathology

Branch: NOVACARE OUTPATIENT REHABILITATION FAX: PHONE:

2525 E LAYTON AVENUE

CUDAHY WI 53110

Branch: NOVACARE OUTPATIENT REHABILITATION PHONE: (414) 425-1970

5020 SOUTH 110TH STREET **GREENFIELD** WI 53228

Branch: NOVACARE OUTPATIENT REHABILITATION **PHONE**: (414) 384-2900 FAX:

3440 SOUTH 27TH STREET MII WAUKFF WI 53215

Branch: NOVACARE OUTPATIENT REHABILITATION PHONE: FAX:

13700 W NATIONAL AVE STE 203 **NEW BERLIN** WI 53151

Branch: NOVACARE OUTPATIENT REHABILITATION PHONE: FAX:

5439 DURAND AVENUE

RACINE WI 53406

Branch: NOVACARE OUTPATIENT REHABILITATION PHONE: FAX:

1126 SOUTH 70TH STREET **WEST ALLIS** WI 53214

52-6548 **OCCUPATIONAL THERAPY & HAND CLINIC GARY JOHNSON** Washington

Certified for 1201 OAK STREET SUITE J (262) 335-2094 SOUTHEASTERN Medicaid

FAX:

Ownership Type: PROPRIETARY CORPORATION

WEST BEND, WI 53095

Services Available: Occupational Therapy **Physical Therapy** Speech Pathology

52-6583 **OZAUKEE THERAPY SERVICES LLC** KAREN KESTEL Ozaukee

Certified for 10602 N PORT WASH RD STE 101 (262) 241-8030 SOUTHEASTERN Medicaid

MEQUON, WI 53092 FAX: (262) 241-8304

Ownership Type: LIMITED LIABILITY COMP(FOR-PROFIT)

Services Available: Occupational Therapy Physical Therapy Speech Pathology

Division of Disability and Elder Services

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OUTPATIENT REHABILITATION FACILITIES

Alphabetical by Agency Name

Madison, WI 53701-2969

	•		rtified for Medicaid are indicated at le	eft
Certification Number F	Please note: Brai Provider Name and Address	nches may not prov	vide all services listed Administrator and Phone	County and Region
52- 6539	PENFIELD CHILDREN'S CENTER		JAMES RYAN	Milwaukee
	833 N 26TH STREET		(414) 344-7676	SOUTHEASTERN
Medicaid	MILWAUKEE, WI 53233		FAX: (414) 344-7739	
Ownership Typ	e: VOLUNTARY NONPROFIT CORP		•	
Services Availa	able: Occupational Therapy	Physical Therapy	Speech Pathology	
52- 6535	PETERSEN REHABILITATION CENTER	RINC	JOHN SYKES	Oneida
	901 BOYCE DRIVE P O BOX 857		(715) 365-6866	NORTHERN
Medicaid	RHINELANDER, WI 54501		FAX:	
	e: PROPRIETARY CORPORATION			
	able: Occupational Therapy	Physical Therapy	Speech Pathology	
Branch: 1	HORIZONS UNLIMITED		PHONE: FAX:	
	902 BOYCE DRIVE			
	RHINELANDER WI_54501			
	FRIENDLY VILLAGE		PHONE: FAX:	
	902 BOYCE DRIVE			
F	RHINELANDER WI 54501			
52- 6578	PHYSICAL THERAPY ASSOCIATES OF	OSHKOSH	ROBERT RHODES	Winnebago
	555 S WASHBURN STREET		(920) 236-3130	NORTHEASTERN
	OSHKOSH, WI 54904		FAX : (920) 236-3123	
	e: PROPRIETARY CORPORATION			
Services Availa	able: Physical Therapy			
52- 6568	PRO FITNESS & REHAB SC		GEORGE MANN	Milwaukee
	5301 W LINCOLN AVENUE		(414) 329-7774	SOUTHEASTERN
	WEST ALLIS, WI 53219		FAX : (414) 329-7670	
Ownership Typ	e: PROPRIETARY CORPORATION			
Services Availa	able: Occupational Therapy	Physical Therapy	Speech Pathology	
52- 6588	PROGRESSIVE BEGINNINGS LLC		JOHN ELMENDORF	Sheboygan
Certified for	3315 BEHRENS PARKWAY		(920) 803-1617	NORTHEASTERN
Medicaid	SHEBOYGAN, WI 53081		FAX: (920) 803-1622	
Ownership Typ	e: LIMITED LIABILITY COMP(FOR-PRO	OFIT)		
Services Availa	able: Occupational Therapy	Physical Therapy	Speech Pathology	
52- 6576	REHAB IN MOTION LLC		GEORGIA MEYER	Jefferson
Certified for	615 EAST MAIN STREET SUITE B		(920) 262-9970	SOUTHEASTERN
Medicaid	WATERTOWN, WI 53094		FAX: (920) 262-9930	
Ownership Typ	e: LIMITED LIABILITY COMP(FOR-PRO	OFIT)		
Services Availa	able: Occupational Therapy	Physical Therapy	Speech Pathology	
52 -6551	REHAB RESOURCES INC		JANICE STEVENS	Dodge
Certified for	1223 MADISON STREET		(920) 885-4750	SOUTHERN
Medicaid	BEAVER DAM, WI 53916		FAX:	
Ownership Typ	e: PROPRIETARY CORPORATION			
Services Availa	able: Occupational Therapy	Physical Therapy	Speech Pathology	
Branch: F	REHAB RESOURCES		PHONE: FAX:	
	MAD DADALLEL OTDEET			

110 PARALLEL STREET

BEAVER DAM WI 53916

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All providers	certified i	OF IV	nedicar	e - mose	aiso	cerune	u ior	wear	iaiu a	are mai	cated
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	All providers certified for Medi	care - those also ce	ertified for Medicaid are i	ndicated at lef	t
Certification	Please note: Bra	inches may not pro	vide all services listed		
Number	Provider Name and Address		Administrator an	d Phone	County and Region
52- 6554	REHABILITATION INSTITUTE OF WIS	CONSIN	LAURIE STELLIC	K	Waukesha
Certified for	20725 WATERTOWN ROAD		(262) 798-9650		SOUTHEASTERN
Medicaid	WAUKESHA, WI 531861820		FAX: (262) 798-9652		
Ownership Typ	e: PROPRIETARY CORPORATION				
Services Avail	able: Occupational Therapy	Physical Therapy			
52 -6538	REHABWORKS LLC		LANI HERRERA		Milwaukee
Certified for	2607 WEST MORGAN AVENUE		(414) 281-8911		SOUTHEASTERN
Medicaid	MILWAUKEE, WI 53221		FAX: (414) 281-8971		
Ownership Typ	e: PROPRIETARY CORPORATION				
Services Avail	able: Occupational Therapy	Physical Therapy	Speech	Pathology	
52- 6590	RETURN TO WORK & SPORTS CENT	ER INC	ELIZABETH HAN	US-KROLL	Milwaukee
	147 W RYAN ROAD		(414) 570-0441		SOUTHEASTERN
	OAK CREEK, WI 531544401		FAX: (414) 570-0442		
Ownership Typ	e: PROPRIETARY CORPORATION				
Services Avail	able: Occupational Therapy	Physical Therapy			
52- 6561	ROEPKE PHYSICAL THERAPY		PETER ROEPKE		Taylor
Certified for	640 S EIGHTH STREET		(715) 748-5203		NORTHERN
Medicaid	MEDFORD, WI 54451		FAX: (715) 748-0842		
Ownership Typ	e: PROPRIETARY PARTNERSHIP				
Services Avail	able: Physical Therapy				
52- 6543	SACRED HEART REHABILITATION SH	IARED THERAPEU	TICS KAREN LEMANC	ZYK	Milwaukee
Certified for	6700 N PORT WASHINGTON ROAD		(414) 326-2668		SOUTHEASTERN
Medicaid	GLENDALE, WI 53212		FAX: (414) 326-1764		
Ownership Typ	e: VOLUNTARY NONPROFIT CHURC	H/CORP			
Services Avail	able: Occupational Therapy	Physical Therapy	Speech	Pathology	
52- 6523	SALUCARE REHABILITATIVE SERVICE	ES SC	JUDY SCHABER	Г	LaCrosse
Certified for	2600 WARD AVENUE		(608) 787-8200		WESTERN
Medicaid	LA CROSSE, WI 54601		FAX : (608) 787-8211		
Ownership Typ	e: PROPRIETARY CORPORATION		,		
	able: Occupational Therapy	Physical Therapy	Speech	Pathology	
52- 6533	SOUTHPORT REHAB ASSOCIATES IN	IC	WILLIAM LETSOI	М	Kenosha
Certified for	7201 GREEN BAY ROAD		(262) 694-3977		SOUTHEASTERN
Medicaid	KENOSHA, WI 53142		FAX : (262) 694-5648		
Ownership Typ	e: PROPRIETARY CORPORATION				
	able: Occupational Therapy	Physical Therapy			
Branch:	SOUTHPORT REHAB ASSOCIATES INC	; – – –	PHONE:	FAX:	_
	4211 GREEN BAY ROAD				
	KENOSHA WI 53142	. 			
Branch:	SOUTHPORT REHAB ASSOCIATES INC	;	PHONE:	FAX:	
	1532 S GREEN BAY ROAD STE 200				
	D. O. I. I				

RACINE WI 53406

STATE OF WISCONSIN

Division of Disability and Elder Services

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OUTPATIENT REHABILITATION FACILITIES Alphabetical by Agency Name

Bureau of Quality Assurance P.O. Box 2969 Madison, WI 53701-2969

All providers certified for Medicare - those also certified for Medicaid are indicated at left								
Certification	Please note: Branches may not pro-	vide all services listed Administrator an						
Number	Provider Name and Address	County and Region						
52- 6555	SPORT & SPINE CLINIC LP	MIKE SCANDIN		Marathon				
	r 16E MENARD PLAZA	(715) 845-2942		NORTHERN				
Medicaid	WAUSAU, WI 54402	FAX:						
Ownership T	ype: PROPRIETARY PARTNERSHIP							
	ilable: Physical Therapy							
Branch:	SPORT & SPINE CLINIC OF COLBY	PHONE:	FAX:					
	205 W SPENCE STREET							
	COLBY WI 54421							
Branch:	SPORT & SPINE CLINIC OF EDGAR	PHONE:	FAX:					
	216 WEST REDWOOD STREET							
	EDGAR WI 54426							
Branch:	SPORT & SPINE CLINIC OF GREENWOOD	PHONE:	FAX:					
	133 S MAIN STREET							
	GREENWOOD WI 54437	==.=						
Branch:	SPORT & SPINE CLINIC OF MOSINEE	PHONE:	FAX:					
	1021 WESTERN AVENUE SUITE C							
	MOSINEE WI 54455							
52- 6593	SPORT & SPINE CLINIC OF AUBURNDALE	MERRIE DE GRA	ND	Wood				
	5744 MAIN STREET	(715) 652-3470		NORTHERN				
	AUBURNDALE, WI 54412	FAX: (715) 652-3473						
	ype: PROPRIETARY PARTNERSHIP							
Services Ava	ilable: Physical Therapy							
52- 6592	SPORT & SPINE CLINIC OF FORT ATKINSON	KURT CHAPMAN	I	Jefferson				
	825 LEXINGTON BLVD SUITE 2	(920) 568-9739		SOUTHEASTERN				
	FORT ATKINSON, WI 53538	FAX : (920) 568-9742						
Ownership T	ype: PROPRIETARY PARTNERSHIP							
Services Ava	ilable: Physical Therapy							
52- 6574	SPORT & SPINE CLINIC OF WITTENBERG	JOAN OSTERME	IER	Shawano				
	105 N GENESEE STREET P O BOX 328	(715) 253-2939		NORTHEASTERN				
	WITTENBERG, WI 54499	FAX: (715) 253-2930						
Ownership T	ype: PROPRIETARY PARTNERSHIP							
Services Ava	ilable: Physical Therapy							
52 -6566	ST ANN CENTER FOR INTERGENERATIONAL CARE INC	SISTER EDNA LO	ONERGAN	Milwaukee				
Certified for	r 2801 EAST MORGAN AVENUE	(414) 977-5000		SOUTHEASTERN				
Medicaid	MILWAUKEE, WI 53207	FAX:						
Ownership Ty	ype: VOLUNTARY NONPROFIT CHURCH							
Services Ava	ilable: Occupational Therapy Physical Therapy	Speech	Pathology					
Branch:	ST ANN CENTER	PHONE:	FAX:					
	3221 SOUTH LAKE DRIVE							
	MILWAUKEE WI 53235							
52 -6585	ST JOSEPHS HOSPITAL REHABILITATION AGENCY	DENNY CLARK		Chippewa				
Certified for		(715) 726-3455		WESTERN				
Medicaid	CHIPPEWA FALLS, WI 54729	FAX: (715) 726-3244		- · - · · ·				
Ownership T	ype: VOLUNTARY NONPROFIT CHURCH/CORP							
	ilable: Occupational Therapy Physical Therapy	Speech	Pathology					
,	y	2,500						

STATE OF WISCONSIN

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OUTPATIENT REHABILITATION FACILITIES Alphabetical by Agency Name

Bureau of Quality Assurance P.O. Box 2969 Madison, WI 53701-2969

Certification		Please note: Bran	ches may not prov	vide all services	listed	
Number	Provider Name and A	ddress		Adminis	trator and Phone	County and Region
52 -6560	SUNDANCE REHAB	ILITATION AGENCY	OF WISCONSIN	MARK KI	ILMER	Fond Du Lac
Certified for	9244 29TH AVENUE			(847) 299	9-1741	NORTHEASTERN
Medicaid	KENOSHA, WI 5314	13		FAX: (847) 299	9-3218	
Ownership Ty	pe: PROPRIETARY	CORPORATION				
Services Ava	lable: Occupational T	herapy	Physical Therapy		Speech Pathology	
Branch:	LINCOLN LUTHERAN	ADULT DAY CARE		PHONE:	FAX:	
	2015 PROSPECT STR	REET				
	RACINE	WI 53404				
Branch:	BECKER-SHOOP CEN	NTER		PHONE:	FAX:	
	6101 16TH STREET					
	RACINE	WI 53406				
52 -6586	TEAM REHAB INC			JEAN FA	.HL	Milwaukee
Certified for	300 S PRAIRIE AVE	NUE		(262) 549	9-6505	SOUTHEASTERN
Medicaid	WAUKESHA, WI 53	186		FAX: (414) 355	5-7935	
Ownership Ty	pe: PROPRIETARY (CORPORATION				
Services Ava	lable: Occupational T	herapy	Physical Therapy		Speech Pathology	
Branch:	VOCATIONAL INDUS	TRIES INC		PHONE:	FAX:	
	530 EAST CENTRALIA	A STREET				
	ELKHORN	WI 53121				
Branch:	PORTAL INDUSTRIES	SINC		PHONE:	FAX:	
	420 TENTH AVENUE					
	GRAFTON	WI 53072				
Branch:	KANDU INDUSTRIES	INC		PHONE:	FAX:	
	1741 ADEL STREET					
	JANESVILLE	WI 53545				
Branch:	WALWORTH COUNT	Y DEPARTMENT OF	HEALTH AND	PHONE:	FAX:	
	HUMAN SERVICES					
	9450 NORTH 107TH S					
	MILWAUKEE	WI_53224		==.=		
Branch:	OCONTO COUNTY DI	EPARTMENT OF HU	JMAN SERVICES	PHONE:	FAX:	
	501 PARK AVENUE					
	OCONTO	WI 54153				

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Bureau of Quality Assurance

P.O. Box 2969

OUTPATIENT REHABILITATION FACILITIES Alphabetical by Agency Name

Madison, WI 53701-2969

Certification	Please note: Branches may not prov	ide all services listed		
Number	Provider Name and Address	hone	County and Region	
52- 6562	THE PROGRESSIVE STEP CORPORATION		Walworth	
Certified for	824B E GENEVA STREET	(262) 728-5918		SOUTHEASTERN
Medicaid	DELAVAN, WI 53115	FAX: (262) 728-3093		
Ownership Ty	/pe: PROPRIETARY CORPORATION			
Services Avai	ilable: Occupational Therapy Physical Therapy	Speech Patl	nology	
Branch:	ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE:	FAX:	
	300 COTTONWOOD AVENUE #7			
	HARTLAND WI 53029			
Branch:	ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE:	FAX:	
	10303 N PORT WASH RD SUITE 103			
	MEQUON WI 53092			
Branch:	ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE:	FAX:	
	2040 WEST WISCONSIN AVENUE			
	MILWAUKEE WI 53233			
Branch:	PROGRESSIVE STEP REHABILITATION SERVICES	PHONE:	FAX:	
	1905-1/2 FIFTH STREET			
	MONROE WI 53566			
Branch:	ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE:	FAX:	
	15350 W NATIONAL AVENUE #109			
	NEW BERLIN WI 53151			
Branch:	ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE:	FAX:	
	820 EAST SUMMIT AVENUE			
	OCONOMOWOC WI 53066			
Branch:	ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE:	FAX:	
	237 WISCONSIN AVENUE #100			
-	WAUKESHA WI 53186			
52- 6530	TOMAH THERAPY CENTER LLC	ALFRED OYLER		Monroe
Certified for	430 JULIE STREET P O BOX 825	(608) 372-0800		WESTERN
Medicaid	TOMAH, WI 54660	FAX : (608) 372-1940		
Ownership Ty	/pe: LIMITED LIABILITY COMP(FOR-PROFIT)			
Services Avai	lable: Physical Therapy			
52- 6591	UNITED THERAPY SERVICES INC	TIMOTHY RILEY		Milwaukee
Certified for	3209 S LAKE DRIVE	(414) 327-6640		SOUTHEASTERN
Medicaid	SAINT FRANCIS, WI 53235	FAX: (414) 327-6640		
Ownership Ty	/pe: PROPRIETARY CORPORATION			
Services Avai	lable: Physical Therapy			
_				
52- 6553	WAUKESHA SPORTS MEDICINE & PHYSICAL THERAPY	LINDA FORBES		Waukesha
	CENTER			
	1111 DELAFIELD ST STES 120 & 15	(262) 544-5311		SOUTHEASTERN
	WAUKESHA, WI 53188	FAX:		
	/pe: PROPRIETARY CORPORATION			
	Ilable: Occupational Therapy Physical Therapy		=	
Branch:	ORTHOPAEDIC ASSOCIATES OF WAUKESHA	PHONE:	FAX:	
	400 BAYVIEW ROAD SUITE C			
<u> </u>	MUKWONAGO WI 53149			
Branch:	ORTHOPAEDIC ASSOCIATES OF WAUKESHA	PHONE:	FAX:	
	785 SUMMIT AVENUE SUITE 101			
	OCONOMOWOC WI 53066			